

**Patient’s Request for Treatment – Manipulation of Coccyx & Steroid Injection**

I .....(Patient full Name),  
my Date of Birth is ....., and I reside at the following address .....

I am aware and understand **that different treatment options are available** as mentioned in the table below. I understand not all options may be appropriate for me and many factors could influence the choice of treatment. I am also aware that the quality of available evidence to support each option is varied.

<b>1</b>	<b>No treatment / Take no action</b>
<b>2</b>	<b>Pharmacological interventions / Medication such as</b> - Anti-inflammatory drugs (NSAIDs); Weak opioids like codeine (with or without paracetamol); Opioids (tramadol, Morphine derivatives, etc); tricyclic antidepressants (Amitriptyline); Anticonvulsants (Gabapentin, Pregabalin); Topical ointments; Others
<b>3</b>	<b>Non-invasive interventions such as -Self-management; Coccyx Cushions, Special Chair; Activity Modification, Avoid Prolonged Pressure / Provocation, Posture Modification; Exercise, Pelvic Floor Rehabilitation;</b> Manual therapies; Transcutaneous Electrical Stimulation, Combined physical & psychological programmes; Others
<b>4</b>	<b>Invasive Non-surgical interventions such as – Manipulation of Coccyx &amp; Steroid injections,</b> Ganglion Block; Others
<b>5</b>	<b>Invasive Surgical interventions – Removal of Coccyx</b>

**As per my entitlement to treatment, I REQUEST THE TREATMENT(S) AS DETAILED ON THIS FORM.**

**Name of the proposed procedure(s)** (in patient own words)

.....  
.....

The procedure has been explained to me, with the help of the following: (circle all relevant) Verbal / Bone Models / Illustrations / Risks & Benefits Document (Version ..... ) Others.....  
I have been advised to obtain further information from Website and other online resources.

**I have signed an informed consent form for this procedure dated ..... and received a copy.**

I am aware and understand the following “intended benefits” and “the various type of risks” associated with this treatment / procedure and have ticked the respective boxes to confirm this.

<b><u>Intended Benefits</u></b>	
	To reduce Coccyx Pain – Local & Referred ➤ Cannot guarantee the amount of the pain relief or duration of the pain relief. ➤ Average Pain relief - Could vary from 30% to 90%; Varies between patients and with the different episodes of injection in the same patient.
	Diagnostic of Pain source

	I Understand this Injection is a mixture of local anaesthesia & steroid (acts like a strong anti-inflammatory medication). The Procedure is done as day case under General Anaesthesia or Deep Sedation.
	I Understand the Steroid medication usage for Spinal Injection is an Off-Label use. Off-label use meaning - use of an approved product in a scenario that is not included or is disclaimed in the product information. Examples include use for a different indication, in a different patient age range-group, different dose or <u>different route of administration</u> to that which is approved by authorities.
	I understand the manipulation of Coccyx procedure involves per rectal examination
	I understand the recovery from injection, relief of pain, return to employment and ability to carry out various activities - tends to vary due to different factors.

<b><u>Common or Frequently occurring Risks -</u></b>	
	Mild Pain, Discomfort & Pressure sensation during the Procedure under General or Sedation Anaesthesia. (Procedure duration is approximately 15 to 30 minutes)
	Pain at the injection site; Soreness. Pain may increase for few days following the procedure.
	Transient numbness due to local anaesthesia, at the injection site which resolves in a few hours
	Failure to improve the pain as anticipated; Pain relief is temporary or short in duration.
	There could be side effects of General or Sedation Anaesthesia such as nausea, vomiting & drowsiness.
<b><u>Rare or Occasionally occurring Risks -</u></b>	
	Infection (0.5%) leading to redness & excessive swelling at the injection site, Fever & Chills. This can result in abscess, bone & Joint infection, which would require prolonged dressing and antibiotics treatment; needs to maintain Good Hygiene of the coccyx region pre and post injection.
	Side effects of Steroid injection (1 to 3%) <ul style="list-style-type: none"> <li>➤ "Steroid flush" (red flushing of the face &amp; chest) (1 to 2%); An increase in warmth or temperature for a few days. (Common)</li> <li>➤ Sleep disturbance &amp; Anxiety; Feeling Hyperactive or Tired (for few days) (Common)</li> <li>➤ Increase in blood sugar in patients with diabetes (needs effective sugar control &amp; regular monitoring of blood sugar for at least 4 to 6 weeks after injection)</li> <li>➤ Possible reduction in immune system for a few weeks, leading to increased susceptibility to infection. To Avoid exposure to infection &amp; travelling to countries where infection risk is high for 5 weeks post injection. <b>During the Corona Virus Pandemic, we need to take extra precautions as it can result in increased vulnerability to this virus infection. The severity of the infection could become dangerous with serious consequences as explained in Covid Informed Consent (if you contract it or if you are having the infection).</b></li> <li>➤ Menstrual cycle changes or increase Menstrual bleeding (in women); Water retention.</li> </ul>
	Allergy to the medications used.
	Bleeding & Haematoma at the injection site
<b><u>Very Rare &amp; Serious Risks</u></b>	
	Blood clots in leg (deep vein thrombosis about <0.1%) & dislodging to the lung (pulmonary embolism).
	Necrosis of the femoral head of hip joint (very rare)
	Fluid collection / Oedema under the retina of the eye (Central serous retinopathy) (Very rare)
	Neurological complication.
	Death (Extremely rare). Currently the risk could be <b>higher with Covid-19 Pandemic.</b>

I have had the opportunity to discuss all the relevant information with the doctors. I have reflected on the possible benefits and risks. I have been given clarification as requested. I need no further explanations and have no further questions. **I am happy to proceed with the proposed Procedure at my request, understanding these risks and benefits.**

Patient's Signature :	Doctor's Signature :
Name :	Name : <b>Raman Kalyan</b>
Date :	Date :